



Department of Development Services

Building Division

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Ronald L. Lynn, Director/Building Official · Gregory J. Franklin, Assistant Director

DAMAGE ASSESSMENT REQUEST

CASE NUMBER ASSIGNED: _____

TODAY'S DATE: _____ **DATE OF DAMAGE** _____

☐ NEW ☐ EXPIRED DAMAGE ASSESSMENT CASE #: _____

ADDRESS OF DAMAGED STRUCTURE: _____

USE OF BUILDING: ☐ SFR ☐ TOWNHOUSE ☐ MOBILE HOME
☐ APARTMENT ☐ CONDO ☐ COMMERCIAL ☐ MOTEL/HOTEL

PROJECT NAME:

CAUSE OF DAMAGE: ☐ FIRE ☐ FLOOD ☐ WIND ☐ VEHICLE IMPACT ☐ OTHER _____

ALL AREAS OF DAMAGE ARE EXPOSED AND SAFE FOR INSPECTION: ☐ YES ☐ NO

A permit is not required to remove debris or expose damaged areas/elements.

UTILITIES DISCONNECTED: ☐ YES ☐ NO

If yes, which utilities: ☐ ELECTRIC ☐ GAS ☐ WATER

If electric power has been disconnected, is there an urgency to restore power? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

NAME OF PARTY REQUESTING INSPECTION:

☐ FIRE DEPARTMENT INCIDENT # _____ ☐ METRO INCIDENT # _____

☐ CONTRACTOR ☐ PROPERTY OWNER ☐ BUSINESS OWNER ☐ OTHER _____

CONTACT PHONE NUMBER: _____